Congress of the United States

Washington, DC 20515

April 27, 2007

The Honorable Nancy Pelosi Speaker of the House U.S. House of Representatives Washington, DC 20515

The Honorable John Boehner Minority Leader U.S. House of Representatives Washington, D.C. 20515

Dear Speaker Pelosi and Minority Leader Boehner,

We write to seek your support for significant funding for type 1 diabetes research as well as type 2 diabetes treatment and prevention programs for minority communities, particularly American Indians and Alaska Natives (AI/AN) who suffer in disproportionate numbers from diabetes. We believe that an enhanced federal investment in these areas will have a profound impact in lives and money saved.

As you know, diabetes places a tremendous economic burden on our country, costing over \$132 billion annually and accounting for one out of every three Medicare dollars. Diabetes is the leading cause of kidney failure, new adult blindness, and amputation. It is a major risk factor for heart disease and stroke. What is worse - the number of people diagnosed with the disease has increased steadily over recent years. It is estimated that one out of every three children born in the year 2000 will develop diabetes.

Diabetes also results in an enormous personal toll on individuals and families. Patients require daily administration of life-sustaining insulin in the form of injections or via an insulin pump. They must also carefully monitor their food intake and physical activity in order to manage the disease. Even with continuous and vigilant disease management, patients are still susceptible to developing serious, long-term complications. Diabetes and its complications can shorten average life expectancy by up to 15 years.

Minority communities, including Native Americans and Alaska Natives, are particularly impacted by diabetes. Indian Health Service (IHS) statistics show that among AI/AN populations during the period 1990-2004, the incidence of diabetes among 15-19 year olds increased 128% and increased 77% among children less than 15 years old.

Despite these alarming statistics, federal investment into diabetes prevention and treatments has been successful and we must continue to invest in programs that are delivering results. Some advances include unlocking the mysteries that surround the genetic and environmental causes of type 1 diabetes, such as:

- In families that have one member with type 1 diabetes, researchers can now identify with reasonable accuracy those additional family members who are at increased risk for developing type 1 diabetes, paving the way for early intervention.
- A new therapy, supported by federal funds, has been shown in human clinical trials to stabilize or reverse the progression of the disease, demonstrating for the first time that clinical course of type 1 diabetes can be altered.

- Advancements have been made in genomics that may help identify pertinent environmental triggers of the disease, including those related to specific viruses or dietary practices.
- Extensive collections of biological samples have been assembled from people with type I diabetes and their families, which provide a platform for developing new hypotheses or testing possible new therapies for type 1 diabetes using human samples.

These are just a few examples of how a strong federal investment in diabetes research is yielding real results for many people. Additionally, these critical discoveries are enabling scientists to work with industry to develop pharmaceuticals to temporarily stabilize the immune attack of type 1 diabetes and to treat diabetic retinopathy; to make advances in islet cell transplantation; and bring the field closer to the creation of an "artificial pancreas."

In the AI/AN population, federally-supported treatment and prevention programs are also showing real results in addressing the growing burden of type 2 diabetes. For example:

- Mean A1C levels the measure of how well a patient has been controlling his/her blood sugar levels have decreased by 1%. According to the CDC, in general, every percentage point drop in A1C reduces the risk of devastating and costly microvascular complications (eye, nerve, kidney) disease by 40%.
- Mean cholesterol rates and blood pressure levels have decreased, and the number of people with diabetes screened for kidney disease, eye and foot disease has increased. The Centers for Disease Control and Prevention (CDC) Diabetes Cost-Effective Study Group found that screening and early treatment of diabetes reduces the lifetime occurrence of kidney failure by 25%, blindness by 35% and lower-extremity amputation by 22%.

We urge you to work with us this year to significantly fund type 1 diabetes research and type 2 diabetes treatment and prevention programs for American Indian and Alaska Native populations. In doing so, we can capitalize on the research opportunities that exist and accelerate our timeline to a cure and continue to make positive advances in addressing the significant burden diabetes places on these communities.

Thank you for your attention to this important issue.

Sincerely,

Diana DeGette

Member of Congress

Xavier Recerra

Member of Congress

Michael N. Castle

Member of Congress

Mark Steven Kirk

Member of Congress

Chris Smith John Smith Lamar Smith Ralph M. Hall Ed Whispiel July Iflue Tim Hola Gelle Gullen Com Johnlowferth Fresh & DoBrando And film Palue Horley Banie A. Hrompson Marine Prochy July E. Mitchely Shirfaket Bubandee Dennis & Kurish Jamy Balder

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